

DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration Submitted With Initial Filing (37 CFR 1.63)

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Supplemental Declaration (37 CFR 1.67)

Attorney Docket Number:	UDL-121US
First Named Inventor:	Jeremy Fairbank
<i>COMPLETE IF KNOWN</i>	
Application Number:	
Filing Date:	
Art Unit:	
Examiner Name:	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHOD FOR STIMULATION OF THE HUMAN BODY

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) _____ a United States Application / PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefit under 35 U.S.C. § 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s) or 35 U.S.C. § 371 of any PCT international application which designated at least one country other than the United States of America listed below and have no entitlement to AIA, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
PCT/GB2004/003496	WO	16 August 2004	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0319284.6	GB	15 August 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

I hereby appoint:

Practitioners at Customer Number **23122**

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:	<input checked="" type="checkbox"/> Practitioners Customer Number listed above OR <input type="checkbox"/> Correspondent's Address Below	
Name:		
Address:		
City:	State:	Zip:
Country:	Telephone:	Fax:

I hereby declare that all statements made herein on my own knowledge are true and that all statements made on information and belief are believed to be true and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (last and middle name)		Family Name or Surname	
Jeremy		FAIRBANK	
Inventor's Signature		Date: _____	
Residence: City: Oxford	State:	Country: Great Britain	Citizenship: Great Britain
Mailing Address: University of Oxford Orthopaedic Surgery			
Mailing Address: Nuffield Orthopaedic Centre, Windmill Road			
City: Oxford	State:	Zip: OX3 7LD	Country: Great Britain
<input checked="" type="checkbox"/> Additional inventors are listed on the next page.			

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name of Second Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Malcolm		MCALLISTER	
Inventor's Signature _____ Date: _____			
Residence: City: Oxford	State:	Country: Great Britain	Citizenship: South African
Mailing Address: University of Oxford Engineering Science			
Mailing Address: Parks Road			
City: Oxford	State:	Office: 3PJ	Country: Great Britain
Name of Third Inventor: <input type="checkbox"/> A Petition has been filed for this unsigned inventor.			
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____ Date: _____			
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Country:	
Name of Fourth Inventor: <input type="checkbox"/> A Petition has been filed for this unsigned inventor.			
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____ Date: _____			
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
<input type="checkbox"/> Additional inventors are listed on _____ Supplemental Sheet(s).			